

CLAIMS ONLY							Application Number <b>10811190</b>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1						51			
2		1					52			
3			1				53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8	1						58			
9		1					59			
10		1					60			
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12		1					62			
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15	1						65			
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17		1					67			
18							68			
19		1					69			
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21	1						71			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	3						Total Indep			
Total Depend	18	←	←	←			Total Depend	←	←	←
Total Claims	21						Total Claims			